



COMMONWEALTH OF MASSACHUSETTS

DIVISION OF PROFESSIONAL LICENSURE

OFFICE OF INVESTIGATIONS

Application for Complaint

617-727-7406

www.mass.gov/reg

Date Received (stamp):

Entered into the Database (Date): ____/____/____

Docket #: ____ - ____ - ____

Acknowledgement letter sent (Date): ____/____/____

Signature: _____

Please complete this form as fully as possible. (PLEASE DO NOT WRITE ABOVE LINE.) Please type or print legibly in ink.

SUBMITTED BY:

Name:

Last Name

First Name

M.I.

Address:

Number

Street

Daytime Phone

City

State

Zip Code

Evening Phone

Best way to reach you: ☐ Evening Phone ☐ Daytime Phone ☐ E-mail: _____

LICENSEE SEEKING COMPLAINT AGAINST (use separate form for each licensed individual):

Name:

Last Name

First Name

M.I.

Address:

Number

Street

Daytime Phone

City

State

Zip Code

License Number/Type Class

Business Name

Business Address

Daytime Phone

City

State

Zip Code

Business License # / Type Class

Please check the trade or profession that this application for complaint pertains to

- | | | |
|-----------------------------------|-----------------------------------|--|
| _____ Accountant | _____ Funeral Director | _____ Optometrist |
| _____ Aesthetician | _____ Gas Fitter | _____ Physical Therapist |
| _____ Architect | _____ Hair Salon | _____ Physical Therapist Assistant |
| _____ Athletic Trainer | _____ Hair Stylist | _____ Plumber |
| _____ Audiologist/Speech Language | _____ Health Officer | _____ Podiatrist |
| _____ Pathologist | _____ Hearing Aid/Instrument | _____ Psychologist |
| _____ Barber | _____ Home Inspector | _____ Radio/TV Tech. |
| _____ Barber Shop | _____ Land Surveyor | _____ Real Estate Agent/
Broker/Salesperson |
| _____ Chiropractor | _____ Landscape Architect | _____ Real Estate Appraiser |
| _____ Dietitian/Nutritionist | _____ Manicure Salon | _____ Rehab. Counselor |
| _____ Dispensing Optician | _____ Manicurist | _____ Sanitarian |
| _____ Drinking Water | _____ Marriage & Family Therapist | _____ Social Worker |
| _____ Ed. Psychologist | _____ Mental Health Counselor | _____ Veterinarian |
| _____ Electrician | _____ Occupational Therapist | |
| _____ Electrologist | _____ Occupational Therapist | |
| _____ Engineer | _____ Assistant | |
| _____ Fire or Burglar Alarm | | |

Briefly describe the incident(s) that led to your application for complaint and note the times and dates that events occurred. List the names of all individuals involved. Please attach additional pages if needed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Additional information or materials attached ☐ Yes ☐ No

AUTHORIZATION FOR RELEASE OF RECORDS AND FORM REFERRAL

Please note that all applications for complaints are examined to determine their factual basis. The act of filing an application for complaint does not assure or imply that disciplinary action will be taken against the licensee.

Signature

Date _____

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